

08/06/01  
JC960 U.S. PTO

08-07-01

A

**UTILITY  
PATENT APPLICATION  
TRANSMITTAL**

Our Docket No.: **6330.01**

Date: August 6, 2001

First Named Inventor: Gilberto Bestetti

Title: **Port Body for the Administration of Drugs**

Express Mail No.: EL855123332US

09/923122  
JC997 U.S. PTO

08/06/01

ADDRESS TO:

**Assistant Commissioner for Patents  
Box Patent Application  
Washington, D.C. 20231**

**APPLICATION ELEMENTS**

1. ☒ Fee Calculation Sheet  
(Submit an original and a duplicate for fee processing)
2. ☐ Applicant claims small entity status
3. ☒ Specification Total Pages: **11**
  - ☒ Descriptive title of the invention
  - ☐ Cross References to Related Applications
  - ☐ Statement Regarding Fed. Sponsored R&D
  - ☐ Reference to Microfiche Appendix
  - ☒ Background of the Invention
  - ☒ Brief Summary of the Invention
  - ☒ Brief Description of the Drawings
  - ☒ Detailed Description
  - ☒ Claims
  - ☒ Abstract of the Disclosure
4. ☒ Drawings (35 U.S.C. 113) Total Sheets: **1**
5. ☒ Oath or Declaration Total Pages: **4**
  - a. ☐ Newly Executed (original or copy)
  - b. ☒ Copy from a prior application (37 C.F.R. 1.63(d))  
(for continuation/divisional with Box 19 completed)
    - i. ☐ **DELETION OF INVENTOR(S)**  
Signed statement attached deleting  
inventor(s) named in the prior application  
(see 37 C.F.R. 1.63(d)(2) and 1.33(b))
6. ☒ Application Data Sheet (37 C.F.R. 1.76)

7. ☐ CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)
8. ☐ Nucleotide and/or Amino Acid Sequence Submission  
(If applicable, all necessary)
  - a. ☐ Computer Readable Form (CRF)
  - b. ☐ Specification Sequence Listing on:
    - i. ☐ CD-ROM or CD-R (2 copies); or
    - ii. ☐ paper
  - c. ☐ Statement verifying identify of above copies

**ACCOMPANYING APPLICATION PARTS**


9. ☐ Certification Under 35 U.S.C. 122(b)(2)(B)(i)
10. ☐ Assignment Papers (cover sheet & document(s))
11. ☐ 37 C.F.R. 3.73(b) Submission
12. ☐ Power of Attorney
13. ☐ English Translation Document (if applicable)
14. ☐ Information Disclosure Statement  
(with Copies of Citations as necessary)
15. ☒ Preliminary Amendment Total Pages: **5**
16. ☒ Return Receipt Postcard  
(Should be specifically itemized)
17. ☐ Certified Copy of Priority document(s)  
(If foreign priority is claimed)
18. ☐ Other

**19. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information:**

☒ Continuation ☐ Division ☐ Continuation-in-part (CIP) of prior Application No.: 09/416,839

For continuation or divisional applications: The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 5b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference.

**CORRESPONDENCE ADDRESS**

ATTY NAME	David E. Bruhn Reg. No. 36,762	SIGNATURE: 	DATE: August 6, 2001
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# APPLICATION FEE TRANSMITTAL SHEET (FOR FY 2001)

Complete if Known

Application No.	Unknown
Filing Date	August 6, 2001
First Named Inventor	Gilberto Bestetti
Group Art Unit	Unknown
Examiner Name	Unknown
Atty. Docket Number	6330.01

## METHOD OF PAYMENT (Check One)

1. ☐ The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:

Deposit Account No.: 04-1420

Deposit Account Name: DORSEY & WHITNEY LLP

☒ Charge any additional fee required under 37 C.F.R. 1.16 and 1.17

☐ Applicant claims small entity status (see 37 C.F.R. 1.27)

2. ☒ Check Enclosed

## FEE CALCULATION

### 1. BASIC FILING FEE

Large Entity

Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description
101	710	201	355	<input checked="" type="checkbox"/> Utility Filing Fee
106	320	206	160	<input type="checkbox"/> Design Filing Fee
108	710	208	355	<input type="checkbox"/> Reissue Filing Fee
114	150	214	75	<input type="checkbox"/> Prov. Filing Fee

Subtotal (1) \$710.00

### 2. EXTRA CLAIM FEES

	Number Claims	Prior	Extra	Fee from Below	Fee Paid
Total	9	- 20	= 0	x	=
Indep.	4	- 3	= 1	x \$80.00	= \$80.00

Multiple Dependent Claims

0 x =

Subtotal (2) \$80.00

Large Entity

Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description
103	18	203	9	Claims in excess of 20
102	80	202	40	Independent claims in excess of 3
104	270	204	135	Multiple dependent Claim
109	80	209	40	Reissue independent claims over original patent
110	18	210	9	Reissue claims in excess of 20 and over original patent

Total Amount of Payment:

Submitted by:

Name: David E. Bruhn

Reg. No.: 36,762

Telephone: (612) 340-6317

Signature:

*David E. Bruhn*

Date: August 6, 2001